Division of TennCare

Health Care Innovation Initiative

Executive Summary

Otitis Media (OTITIS) Episode

Corresponds with DBR and Configuration file V3.0

Updated: December 30, 2019

OVERVIEW OF AN OTITIS MEDIA EPISODE

The otitis media episode revolves around patients who are diagnosed with otitis media. The trigger event is an outpatient hospital, emergency department, or office visit where the primary diagnosis indicates otitis media. In addition, an outpatient hospital, office, or emergency department visit where the primary diagnosis is an otitis media-specific signs or symptoms code with a secondary diagnosis code from among the otitis media diagnosis codes is also a potential trigger.

All related care – such as anesthesia, imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the provider who diagnosed the otitis media. The otitis media episode begins on the day of the triggering visit and ends 30 days after the end of the trigger event.

CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during an otitis media episode to improve the quality and cost of care. Example sources of value include appropriate use of antibiotics and the appropriate referral to a specialist for procedural care. Additionally, based on the patient's clinical status and diagnosis, providers can select appropriate diagnostic testing, supportive therapy, and continued medication management. Furthermore, providers can also reduce potentially avoidable complications and repeat events.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.

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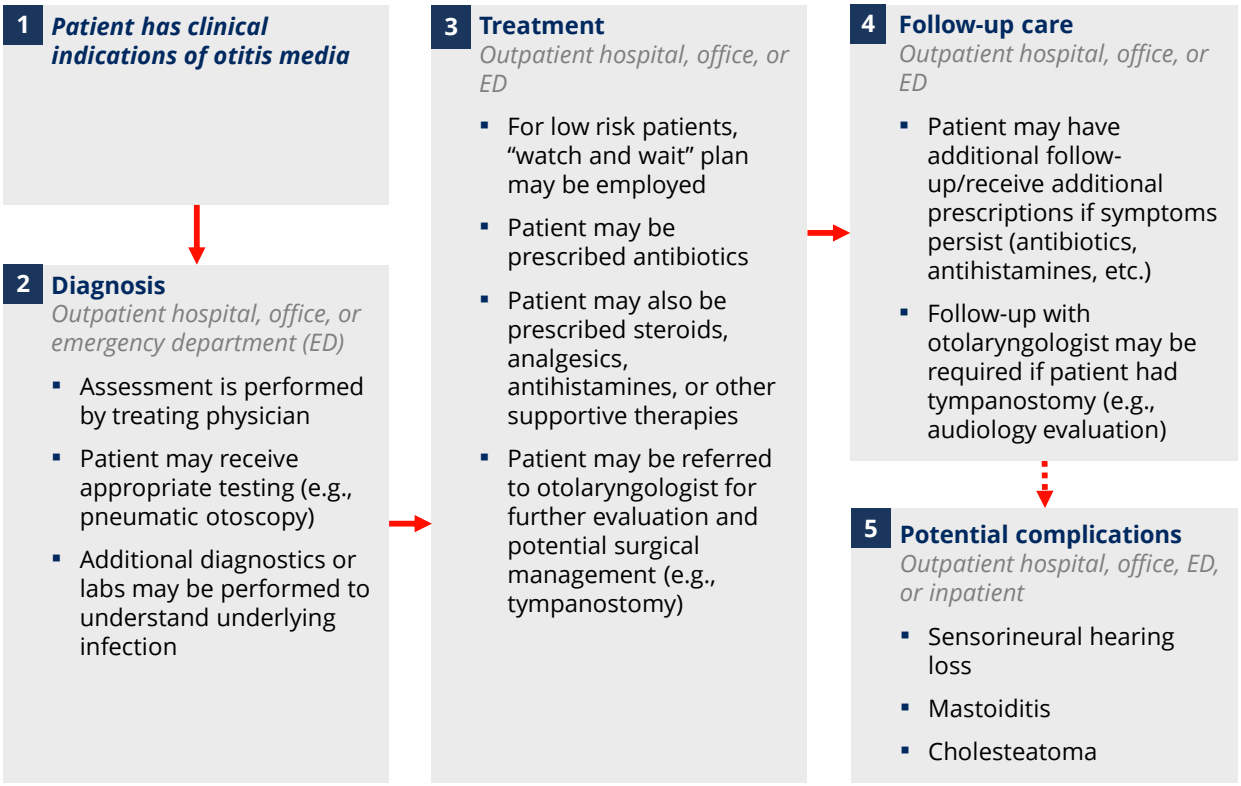
Illustrative Patient Journey



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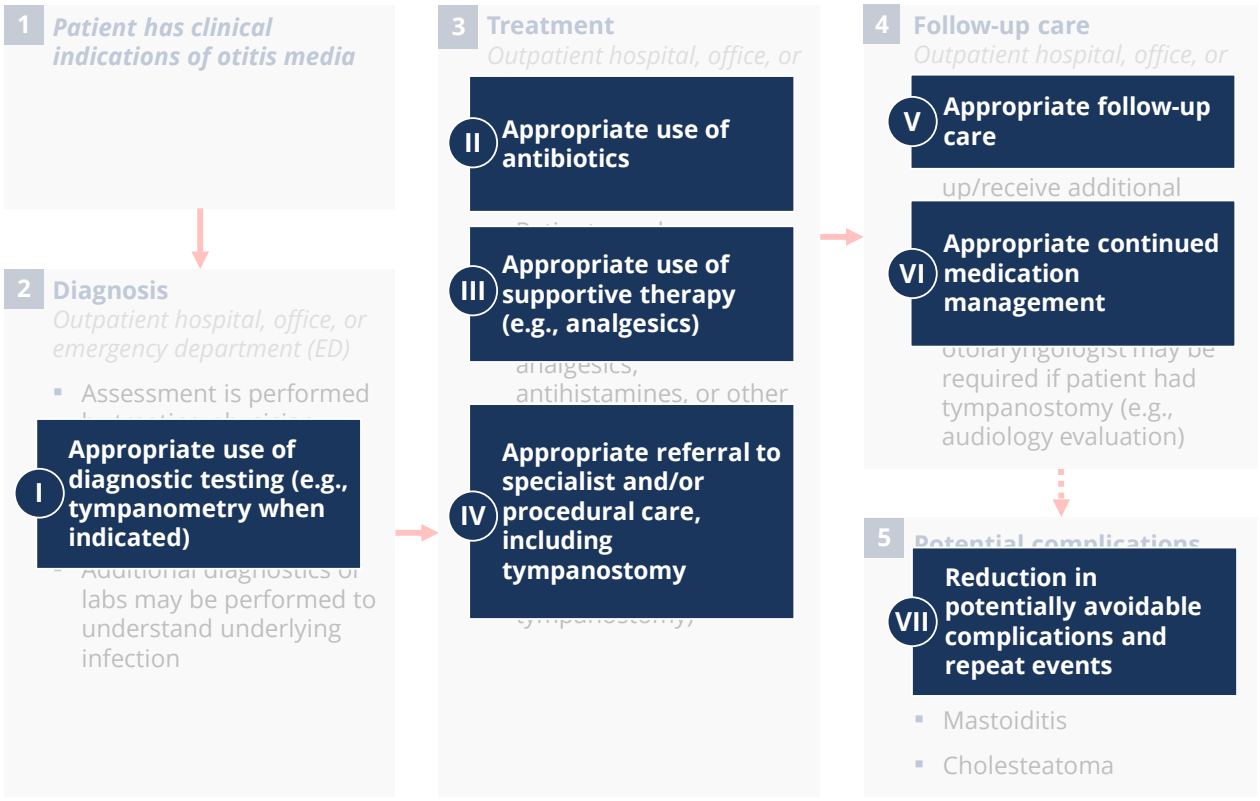
Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the otitis media episode, the quarterback is the provider or group that diagnosed the otitis media. The contracting entity or tax identification number of the professional trigger claim will be used to identify the quarterback.

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MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to otitis media in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The otitis media episode has no pre-trigger window. During the trigger and post-trigger windows, specific anesthesia, specific evaluation and management visits, specific imaging and testing, specific medications, specific pathology, and specific surgical and medical procedures are included. Specific associated care is included in the post-trigger window only (e.g., mastoiditis). Certain procedures related to tympanoplasty and mastoidectomy are excluded from the trigger and post-trigger windows.

Some exclusions apply to any type of episode, i.e., are not specific to an otitis media episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. An otitis media-specific episode exclusion is an otitis media episode that overlaps with a tonsillectomy and/or adenoidectomy episode. Other examples of exclusion criteria specific to the otitis media episode include patients receiving treatment in inpatient or observation settings at initial diagnosis or patients with congenital Eustachian tube anomalies. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors

captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk adjustment of otitis media episodes include Down syndrome, GERD, or dysphagia. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metric linked to gain sharing for the otitis media episode is:

- **OME episodes without antibiotics filled:** Percentage of valid episodes triggered by otitis media with effusion (OME) that did not have antibiotics filled (higher rate indicative of better performance)

- **Non-OME episodes with amoxicillin filled:** Percentage of valid episodes triggered by non-effusive otitis media that have a filled prescription for antibiotics, do not have concurrent purulent conjunctivitis, and do not have amoxicillin filled within 30 days prior to the episode start date where amoxicillin was filled in the episode (higher rate indicative of better performance)

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **OME episodes without oral corticosteroid filled:** Percentage of valid episodes triggered by otitis media with effusion that did not have a prescription for oral corticosteroids filled in the episode window (higher rate indicative of better performance)

- **Tympanostomy when indicated:** Percentage of total episodes (valid and invalid) with tympanostomy performed that had tympanostomy indications (higher rate indicative of better performance)

- **Overall tympanostomy:** Percentage of total episodes (valid and invalid) with tympanostomy performed in the episode window (rate provided for comparison only)
- **Follow-up encounter:** Percentage of valid episodes with follow-up encounter during the post-trigger window (lower rate indicative of better performance)
- **Non-OME episodes without macrolide filled:** Percentage of valid episodes that have a prescription for antibiotics filled that do not have a prescription for macrolide filled in the episode window among episodes triggered by non-effusive otitis media (higher rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.